

7 JUL 1968

Mr. Thomas Stern, Chief
Employment Operations Branch
International Cooperation Administration
815 Connecticut Avenue, N. W.
Washington 25, D. C.

Dear Mr. Stern:

I have your letter of 27 June concerning [redacted] who has applied for a position with the ICA.

I have known [redacted] for a number of years and have always found him to be loyal and of good moral character. I recommend him for employment with the ICA.

Sincerely,

STEWART

Allen W. Dulles
Director

O/DCI/[redacted] add 7 July 58

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(EXECUTIVE REGISTRY FILE

INTERNATIONAL COOPERATION ADMINISTRATION

Washington 25, D. C.

June 27, 1958

Mr. Allen W. Dulles
2723 Q Street N. W.
Washington, D. C.

Dear Mr. Dulles:

We are considering [redacted] for a position with this agency. The International Cooperation Administration is responsible for the operation of overseas technical and economic assistance programs. This important work and the public responsibility involved make it essential that we obtain the best qualified personnel possible to carry out our programs.

STAT

The opinions of persons who have first-hand knowledge of a candidate can be particularly valuable in confirming or supplementing the information in the experience record submitted by the candidate. We will appreciate your assistance in providing careful and frank answers to the questions on the attached form. This information will be held in confidence.

A self-addressed envelope which requires no postage is enclosed for your reply.

Sincerely yours,

Thomas Stern
Thomas Stern, Chief
Employment Operations Branch

Enclosure

CONFIDENTIAL APPRAISAL

STAT

TO Mr. Allen W. Dulles		RECRUITER Attn: Mrs. Vera Farrells	
CANDIDATE'S NAME <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	PROPOSED POSITION Industry	POST OF ASSIGNMENT On leave	TOUR OF DUTY 2 yrs

1a. HOW LONG HAVE YOU KNOWN CANDIDATE? FROM: _____ TO: _____

b. HOW WELL DO YOU KNOW CANDIDATE? (Check as many as are applicable)

<input type="checkbox"/> FREQUENT OBSERVATION OF WORK	<input type="checkbox"/> CLOSE SOCIAL CONTACT	<input type="checkbox"/> CLOSE DAILY CONTACT AT WORK
<input type="checkbox"/> INFREQUENT OBSERVATION OF WORK	<input type="checkbox"/> INFREQUENT SOCIAL CONTACT	

2. IN WHAT CAPACITY?

<input type="checkbox"/> EMPLOYER	<input type="checkbox"/> SUPERVISOR
<input type="checkbox"/> TEACHER	<input type="checkbox"/> CO-WORKER
<input type="checkbox"/> OTHER (Specify) _____	

3a. IF FORMER SUPERVISOR OR EMPLOYER, COMPLETE THE FOLLOWING ON CANDIDATE:

DATES EMPLOYED (From) (To)	EMPLOYEE'S TITLE	PER ANNUM SALARY
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b. WHY DID CANDIDATE LEAVE YOUR EMPLOY? _____

c. WAS THE CANDIDATE'S ATTENDANCE RECORD GOOD? ☐ YES ☐ NO (If "No," explain on reverse side under "Remarks")

d. DOES APPLICANT REQUIRE CLOSE SUPERVISION? ☐ YES ☐ NO

e. WOULD YOU REHIRE THIS CANDIDATE IF YOU HAD A SUITABLE VACANCY? ☐ YES ☐ NO
(If "No," explain on reverse side under "Remarks")

4. PUT A CHECK MARK IN THE APPROPRIATE COLUMN TO INDICATE YOUR EVALUATION OF THE CANDIDATE

ELEMENT	NO OPINION	WEAK	AVERAGE	ABOVE AVERAGE	OUT- STANDING
a. Appearance and bearing					
b. Voice and speech					
c. Physical vitality					
d. Job knowledge					
e. Ability to work under pressure					
f. Emotional stability					
g. Flexibility (acceptance of change)					
h. Effectiveness of relations with supervisor					
i. Effectiveness of relations with fellow workers					
j. Effectiveness of relations with those he supervises					
k. Effectiveness of relations in informal social groups					
l. Industry					
m. Resourcefulness and initiative					
n. Dependability					
o. Cooperativeness					
p. Judgment					
q. Effectiveness of work performance					
DO NOT RATE ELEMENTS R THROUGH V FOR CANDIDATES CLERICAL AND SECRETARIAL POSITIONS					
r. Decisiveness					
s. Forcefulness					
t. Ability to express ideas effectively in writing					
u. Ability to express ideas effectively orally					
v. Leadership					

5. TO THE BEST OF YOUR KNOWLEDGE, HAS CANDIDATE EVER BEEN RELEASED OR FORCED TO RESIGN FROM A POSITION?
☐ YES ☐ NO (If "Yes," explain on reverse side, under "Remarks.")

6a. DOES CANDIDATE HAVE ANY HANDICAPS WHICH MIGHT IMPAIR HIS EFFICIENCY? ☐ YES ☐ NO
(If "Yes," explain on reverse side, under "Remarks.")

b. DESCRIBE CANDIDATE'S USE OF ALCOHOL

<input type="checkbox"/> OCCASIONALLY INDULGES TO EXCESS	<input type="checkbox"/> NON-USER	<input type="checkbox"/> MODERATE SOCIAL DRINKER
<input type="checkbox"/> OTHER (Explain below)	<input type="checkbox"/> HAS INTERFERED WITH WORK	<input type="checkbox"/> DO NOT KNOW

7. IF APPLICANT **Approved For Release 2003/07/29 : CIA-RDP80B01676R001000090011-2** DO NOT WRITE IN THESE SPACES

RELATIONSHIP WHICH EXISTS AT OVERSEAS POSTS?

☐ YES ☐ NO

(If "No," explain under "Remarks.")

8. TO WHICH OF THE FOLLOWING WORK SITUATIONS DO YOU CONSIDER THE CANDIDATE BEST ADAPTED?

☐ PLANNING AND RESEARCH

☐ EXECUTIVE AND MANAGERIAL

☐ TRAINING

☐ OTHER (Explain below)

9. WHY DO YOU THINK CANDIDATE IS INTERESTED IN EMPLOYMENT WITH ICA?

10. IN YOUR OPINION WHAT IS CANDIDATE'S STRONGEST ATTRIBUTE FOR AN ASSIGNMENT WITH ICA?

11. IN YOUR OPINION, WHAT DO YOU CONSIDER CANDIDATE'S SHORTCOMINGS?

12. WOULD YOU LIKE TO SEE THIS CANDIDATE SERVING AS A REPRESENTATIVE OF THE U.S. OVERSEAS?

☐ YES ☐ NO (If "No," explain below.)

13. REMARKS (Use this space for additional information you may wish to give concerning the candidate's loyalty, suitability for employment, significant characteristics, etc.; and for continuation of answers to any of the above questions.)

SIGNATURE

TITLE

ORGANIZATION

DATE

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